

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>9-18-96</u>		2 Serial/Patent # <u>08/426,920</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$
<input checked="" type="checkbox"/>	Amendment	8	8-5-96	\$ 377.00
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 377.00	
8 TO BE REFUNDED BY:				
10 REASON:		<input checked="" type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
	Duplicate Payment	9 <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">3</span> -- <span style="border: 1px solid black; padding: 2px 5px;">3</span> <span style="border: 1px solid black; padding: 2px 5px;">9</span> <span style="border: 1px solid black; padding: 2px 5px;">7</span> <span style="border: 1px solid black; padding: 2px 5px;">5</span>		
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Dorothy Little</u>		TITLE: <u>Legal Ins Clerk</u>		
SIGNATURE: <u><i>Dorothy Little</i></u>		PHONE: <u>306-2935</u>		
OFFICE: <u>2600</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>Freda A. Connelly</i></u>		DATE: <u>9/26/96</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: